AMERICAN INTELLIGENCE.

ORIGINAL COMMUNICATIONS.

Radical Cure of Hydrocele without Injections. By A. S. Hudson, M. D.—Nearly a year ago, my attention was called to a case of hydrocele of the left side of the scrotum. For three months only palliative treatment was adopted, and by puncture the sac was four times emptied of its serous contents.

The patient, having listened to a lively picture of suffering which a neighbour had sustained while under treatment for this disease at Chicago, became prejudiced against the mode of treatment with irritating injections. He looked upon it with trepidation; and was, therefore, solicitous for some final though less formidable therapeutic plan.

Accordingly he was furnished with the ointment of tart. ant., and directed to courageously apply it to the diseased part until prominent pustules appeared. The first crop covered less than half of the tumid surface. These were allowed to run their course and decline. Then other remaining portions of the surface were topically medicated, and at length eroded. The lowest part of the scrotum resisting, the ointment was here lastly applied.

Altogether ten days or two weeks were consumed in this cautious tentative medication; yet it worked well. The artificial inflammation dipped deep, and caused the two surfaces of the tunic to adhere firmly together; and now for more than six months the patient has enjoyed a *useful* gland and a sound scrotum.

It may be remarked, that two weeks prior to the adoption of the above-mentioned measures, he was treated for inflamed testicle, which, from exposure to atmospheric vicissitudes, followed the last tapping. The reduced inflammation left an enlarged testicle surrounded with a little water. With this state of the parts, the inunction was commenced. The tumid gland lessened with the fluid's disappearance.

Sterling, Ill., *Dec.* 10, 1854.

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Poisoning by Strychnia. By J. J. Lescher, M.D., of Mount Carmel, Ill.—On the morning of the 19th of October, my brother, Dr. Geo. Lescher, was requested to visit E. W., a German labourer, aged 30 years, of a powerful frame, at the "Lock of the Grand Rapids," situated on the Indiana bank of the river, two miles from this place. The messenger represented the patient as having been seized violently with a "congestive chill." When my brother reached the "Lock," he found the patient very ill, though not in a condition such as is usually met with in persons suffering from the cold stage of a malignant intermittent. However, as the patient's extremities had been wrapped up in strong mustard cataplasms before my brother saw him, he regarded the singularity of the symptoms as indicative of a partial reaction, and accordingly directed his efforts to establish it fully. As the patient was exceedingly restless, manifesting a constant disposition to convulsions, my brother administered nothing but opiates and brandy, which did not seem to control the tremours in the slightest degree. At the expiration of an hour, a violent convulsion came on, affecting the entire frame, which it was supposed would terminate fatally. I was immediately sent for, and saw him about three and a half hours after he was taken with what they termed a "fit."

When I first saw him, he was lying on his back, with his upper and lower extremities extended and *rigid;* his arms and legs cold; face flushed, and bathed with cold and clammy perspiration; eyes highly injected, and in constant motion, as from seemingly great affright—as, indeed, his mind fully evidenced; pupils contracted; pulse 120, small, regular and *corded*, or *tense* and *strong*. He was making constant motions with his lips, as though he desired drink. His answers to my inquiries were rapid and unconnected, from which, in connection with the rigid state of all the voluntary muscles, and a seeming tendency to episthotonos, I was led to suspect a serious lesion of the brain and spinal marrow—a condition of cerebro-spinal congestion. Having repeatedly treated the patient for serious and grave attacks of intermittent, and taking into consideration the malarious locality in which he then was, I made but few inquiries in regard to the present attack. His employer not being able to give me any definite information relative to the invasion of what *he* regarded as an aggravated intermittent, under which he had repeatedly seen him suffer, I was thrown off my guard respecting the *tetanic* condition of the muscular system, though I was struck with the *anomalous* symptoms present in the case. I immediately corded the arm; the movement in doing this threw him into a frightful spasm, causing him to elevate his body, whilst he seemed to rest on his heels and the back of his head. As soon as he became somewhat quiet, I abstracted thirty-two ounces of blood. Whilst the blood was flowing, his pulse lessened in frequency and increased in volume. He seemed more quiet, though every attempt to move *threatened a convulsion.* I then gave him—S. quinia gr. xii, et hydrarg. sub. mur. ℈j, mixed with syrup, which he swallowed with *extreme difficulty.* In half an hour he took a like quantity of s. quinia, joined with cal. ℈ss, et s. morph. gr. ½.

I left him then in charge of my brother, and went to the house of the patient's employer, and expressed my doubts in reference to the nature of the patient's disease. He asked me whether the cause of the ailment might be poison. I replied that the symptoms pointed to such a cause; though I supposed, from all the facts which I had elicited, it could not be possible. He then reminded me that he had purchased six grains of strychnia of my partner, Dr. Miller, only a few days before. I asked him what became of it. He said he had placed it on the *mantel-piece* in his dining-room, but, upon looking for it, he could not find it.

My suspicions were at once aroused. I was told that the patient, after eating a *hearty* breakfast, took out of his pocket, in the presence of the family, a paper containing what he supposed to be quinia, and poured a part of the contents into a tumbler containing half a gill of water, and drank it; as part of the powder adhered to the bottom, he added some more water to it, and swallowed what remained. Fifteen minutes after, whilst milking, he fell backwards in a "fit," in which state they conveyed him to the "Lock House."

Upon receiving this clue to the case, I went to the patient, and, upon inquiry, ascertained that he had placed the remainder of the powder into his pocket; and, on searching, found a paper marked "Poison" in his coat-pocket. He assured me that he had taken the "quinia" out of the paper so marked, and observed that he had been taking it for some days past in order to avoid a return of ague. He persisted that he had found it on a shelf in his sleeping-room, and believed it quinia, though its taste differed from any he had used previously. We, however, believed that he had taken it from where his employer had placed it, from motives of *economy*. The family are in the constant habit of keeping quinia about the house, which the labourers knew; and hence E. W.'s filching, under the impression that he would save the expense of a dose of quinia. Upon weighing the remnant of the powder, there were but two grains left, the patient having taken four grains.

Four hours had now elapsed since swallowing the poison, and the patient had not vomited. I made a mixture of warm water and flour, and, with great difficulty, *drenched* the patient, at short intervals, with about three pints of it, alternating it with a solution of tartar emetic. We next made him swallow the whites of about half a dozen eggs, when free emesis followed. I then left him, with directions that he should continue to take the whites of eggs freely, and also use injections. During the night he was purged copiously, and on the *third* day succeeding the poisoning he came to town, and has been quite well up to this period.

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Death caused by Water-melon Seed. By B. Rohrer, M. D., of Germantown, Penna.—Major W. of Columbia, Penna., a man of strong and robust constitution, blessed with digestive organs of great power, was addicted to drinking, and being a natural gormandizer, he would swallow anything placed before him, regardless of the consequences. Fish in particular, a favourite dish of his, he would devour bones and all. During the months of May and June, 1852, he frequently hailed me in the street, stating that he had violent cutting pains in his bowels, but as there was no constitutional disturbance, I simply directed him to take a dose of oil. A few weeks after this, he presented me with the cause of all his troubles; he said he felt something working gradually lower and lower down in the rectum, until at last he could reach it with his fingers and remove it. It was a thin hard bone, 1 inch in length, and $\frac{3}{4}$ inch in width; its edge slightly serrated, and very sharp; whilst it was passing along the rectum, he had frequent discharges of blood; it was supposed to be the side bone of the head of a catfish.

On the 12th of September, upon my return to the office, I found a message from the major. I immediately called, but was informed that he had been complaining all morning of colic, and had just left in the train of cars, to visit his niece some distance in the country. I heard nothing more of him until the 22d, when I was requested to visit him with Dr. Jones, of Bainbridge. When we arrived, he was delirious, muttering to himself—pulse frequent, irregular, small and wiry; abdomen much distended, and tense as a drum; vomiting a vitiated mucus, commixed with bile; extremities cold—death soon followed. Had no evacuations from the 12th up to his death, although all the usual means had been employed.

Post-mortem 36 *hours after death.*—Abdominal cavity containing a quantity of offensive gas and fecal matter. Gangrene of the ileum near the ileo-cæcal valve, containing 20 water-melon seeds, with the slippery surface destroyed, and adhering firmly to each other, making a strong ball. Also, gangrene of the sigmoid flexure containing over 100 seeds, forming an exceeding hard ball.

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Notice on Adipocire. By Charles Wetherill, Ph. D., M. D.—The question as to the formation of fat in the body possesses a physiological interest, and has engaged attention from the earliest period of the science. Scientific men are divided in their opinions whether fat is formed from the nitrogenized or the non-nitrogenized elements of food. The decomposition of sugar, starch, and alcohol, giving rise to compounds having relations with the class of fatty acids, and especially the butyric acid fermentation, by Pelouze and Gelis, inclined belief in the latter origin; while the later experiments of Liebig, Bospp, Guckelberger, &c. in obtaining the lower members of the series of fatty acids appeared to give colour to a probability that the former might also conduce to the end. But of the actual formation of such fatty acids as constitute the mass of fat in the body from proteine compounds—if we except the experiments of Blandin (*Comptes Rendus*, Sept. 6, 1847), which have received neither confirmation nor refutation—we have no chemical proof. I have been engaged for a year past upon the study of adipocire, in hopes that it would perhaps throw some light upon this subject; and, after having worked upon it for several months, I received Lehmann's *Lehrbuch*, in which I found a call upon chemists to investigate adipocire for this very reason, and my results may pass for an answer to this call.

I have examined two specimens of adipocire from sheep buried for ten years, two specimens of human adipocire, and a specimen of adipocire from a metacarpal bone of a fossil ox (*Bison Americanus*, Big Bone Lick); palmitic acid has been detected in the fat, thus confirming Heintz's researches on fat.

Experiments have also been tried upon the decomposition that flesh-fibrin (the heart of the ox) undergoes in water, and I have formed artificial adipocire by imitating the circumstances of a body buried in moist ground. This adipocire has also been chemically examined.

The conclusion at which I have arrived, and which is held by many chemists, is, that adipocire proceeds from the fat originally in the body.

For its analysis, and for the experiments upon which this conclusion is founded, I must refer to my paper, which will shortly be published.

DOMESTIC SUMMARY.

Fracture of the Neck of the Humerus, with Dislocation of its Head.—Dr. G. W. Norris read before the College of Physicians of Philadelphia, Oct. 4, 1854, the following example of this:—

"T. B., aged 32, was admitted into the Pennsylvania Hospital, October 31, at mid-day. He was under the effects of liquor when admitted, and stated that on the previous night he had received an injury of his shoulder by falling down a flight of stairs. On examination, the soft parts round the left shoulder were found to be very much contused, swollen, and discoloured, by effusion of blood; the extremity was readily movable in any direction, but the slightest motion produced exquisite pain. No perceptible depression was noticed below the acromion; the elbow could be brought close to the side without force, and on raising the arm and moving it for the purpose of examination, the grating of a fracture was felt.

The presence of these symptoms led to the belief that a fracture of the neck of the humerus existed, and the case was treated by means of a pad in the axilla, with a pasteboard splint moulded to the shoulder on the outside of the arm and bound to the body, with the forearm supported by a sling.

This treatment was continued till the 26th of November, the dressing being occasionally changed. On the removal of the dressings at the last-mentioned date, the swelling having by this time almost entirely disappeared, it was discovered that the head of the bone had been thrown from its socket into the axilla. At the first glance, I thought that my original diagnosis had been incorrect, and that, in fact, I had mistaken, and had been treating a dislocation for a fracture, but, upon closer examination, it proved that such was not the case, but that both a fracture and dislocation existed. The appearances presented by the parts at this time were as follows:—

To the eye there was evidently a slight vacuity immediately below the acromion process, though there was not that deep depression which exists in uncomplicated luxation. On rotating the arm, the broken shaft of the humerus was perceived to move under the acromion at the same time that the rounded